

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09814258 FILING DATE 03-21-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1					51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12	1						62				
13	1						63				
14	1						64				
15	1						65				
16	1						66				
17	1						67				
18	1						68				
19	1						69				
20	1						70				
21	1						71				
22	1						72				
23	1						73				
24	1						74				
25	1						75				
26	1						76				
27	1						77				
28	1						78				
29	1						79				
30	1						80				
31	1						81				
32	1						82				
33	1						83				
34	1						84				
35	1						85				
36	1						86				
37	1						87				
38	1						88				
39	1						89				
40	1						90				
41	1						91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	33	↔	↔	↔			TOTAL DEP.	↔	↔	↔	
TOTAL CLAIMS	41						TOTAL CLAIMS				